# **Application Data Sheet**

<b>Application Information</b> Application Type::	Regula	ar				
Subject Matter::	Utility					
Suggested Classification::						
Suggested Group Art Unit::						
CD-ROM or CD-R?::	None					
Title::	Metho	d and A	pparatus fo	or Treating	a Vertebr	al Body
Request for Early Publication	ı?::	No			•	
Request for Non-Publication	?::	No				
Suggested Drawing Figure::	10					
Total Drawing Sheets::	11					
Small Entity::		No				
Petition included?::		No				
Secrecy Order in Parent Appl	l.?::	No				
Applicant Information						
Applicant Authority type::			Inventor			
Primary Citizenship Country:	:	US				
Status::	Full Ca	apacity				
Given Name:	Stephe	en				
Family Name::	Hochse	chuler				
City of Residence::	Dallas					
State or Province of Residence	e::	TX				

Country of Residence::

US

Street of mailing address::

17214 Club Hill Dr.

City of mailing address::

Dallas

State or Province of mailing address::

TX

Postal or Zip Code of mailing address::

75248

**Applicant Information** 

Applicant Authority type::

Inventor

Primary Citizenship Country:

US

Status::

Full Capacity

Given Name:

Wesley D.

Family Name::

Johnson

City of Residence::

Eden Prairie

State or Province of Residence::

MN

Country of Residence::

US

Street of mailing address::

8091 Spruce Trail

City of mailing address::

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State or Province of mailing address::

MN

Postal or Zip Code of mailing address::

55347

**Applicant Information** 

Applicant Authority type::

Inventor

Primary Citizenship Country:

US

Status::

Full Capacity

Given Name:

Kevin L.

Family Name::

**Nickels** 

City of Residence::

Bloomington

State or Province of Residence::

MN

Country of Residence::

US

Street of mailing address::

8732 Walton Pond Circle

City of mailing address::

Bloomington

State or Province of mailing address::

MN

Postal or Zip Code of mailing address::

55347

**Applicant Information** 

Applicant Authority type::

Inventor

Primary Citizenship Country:

US

Status::

Full Capacity

Given Name:

Thomas R..

Family Name::

Hektner

City of Residence::

Medina

State or Province of Residence::

MN

Country of Residence::

US

Street of mailing address::

825 Navajo Road

City of mailing address::

Medina

State or Province of mailing address::

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Postal or Zip Code of mailing address::

55340

## **Applicant Information**

Applicant Authority type:: Inventor Primary Citizenship Country: US Status:: Full Capacity Given Name: Larry. Family Name:: Wales City of Residence:: Maplewood State or Province of Residence:: MN Country of Residence:: US Street of mailing address:: 1654 Currie Street City of mailing address:: Maplewood State or Province of mailing address:: MN Postal or Zip Code of mailing address:: 55119 **Applicant Information** Applicant Authority type:: Inventor Primary Citizenship Country: US Full Capacity Status:: Given Name: Tyler Family Name:: Lipschults City of Residence:: New Canaan State or Province of Residence:: CT

Street of mailing address:: 6112 Avalon Drive East

US

Country of Residence::

City	۸f	mail	ina	address::
City	$o_1$	man	mg.	address

New Canaan

State or Province of mailing address::

Postal or Zip Code of mailing address::

06840

CT

# **Correspondence Information**

Correspondence Customer Number:: 28078

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Michael D. Beck

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State or Province of mailing address::

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## **Representative Information**

Representative Customer Number:	·
	28078

#### **Domestic Priority Information**

Application::	Continuity	Parent	Parent Filing
	Type:	Application::	Date::
	Divisional	09/794,873	02/27/2001